



On-Site at The Pennsylvania Convention Center
 1101 Arch Street • Philadelphia, PA 19107
 Phone 215-418-2300 • Fax 215-418-2310

AUDIO-VISUAL ORDER FORM

Video Equipment				Qty	Pre-Show Rate	On-Site Rate	Total	Customer Information	
								PLEASE PRINT CLEARLY	
1/2" VHS Player with Repeat									Firm Name:
1/2" Tri - Standard Player (NTSC / PAL / SECAM)									Address:
DVD Player (Call us to confirm the DVD Format)									City:
20" Video Monitor (VIDEO ONLY)									State: _____ Zip Code: _____
27" Video Monitor (VIDEO ONLY)									Ordered By:
31" Video Monitor (VIDEO ONLY)									Telephone:
10" Video Monitor / VHS Combo Unit (VIDEO ONLY)									Fax:
20" Video Monitor / VHS Combo Unit (VIDEO ONLY)									e-Mail:
48" or 54" Monitor Cart with Skirt									
Cable TV Line									
Video & Data Display				Qty	Pre-Show Rate	On-Site Rate	Total	Exhibitor Delivery Information	
Video / Data LCD Projector									Exhibit Booth #:
15" LCD Flat Screen Monitor (VGA / COMPUTERS ONLY)									Delivery Date:
17" LCD Flat Screen Monitor (VGA / COMPUTERS ONLY)									Del. Time: [] 8A-10A [] 10A-12P [] 1P-3P [] 3P-5P
20" LCD Flat Screen Monitor (VGA / COMPUTERS ONLY)									Failure to take delivery at the scheduled time may result in an additional delivery charge.
37" Plasma Display Panel (4:3 Ratio) INTR. Spkrs. Stand									On Site Contact:
42" Plasma Display Panel (16:9 Ratio) INCLUDES Stand									Cell #:
50" Plasma Display Panel (16:9 Ratio) INCLUDES Stand									Signature:
60" Plasma Display Panel (16:9 Ratio) INCLUDES Stand									Representative must be on-site at above booth for Delivery.
Attachable Plasma Speakers									Additional labor will be charged if you are not ready for installation of equipment at agreed upon time of delivery
PLEASE CIRCLE Plasma Mount for Above - No Charge				Table Top	Wall Mount	Floor Stand			
Computers/Printers				Qty	Pre-Show Rate	On-Site Rate	Total	Orders received after _____ will be subject to the ON-SITE SHOW RATE	
Desktop PC P4 2.6 GHz/512MB/80GB/CD-RW/FD/NIC									Exhibit Dates: ___ / ___ / ___ to ___ / ___ / ___
Desktop PC P4 1.8 GHz/512MB/40GB/CD/FD/NIC									
Desktop PC P4 1.0 GHz/256MB/20GB/CD/FD/NIC									
Laptop PC P4 2.4 GHz/256MB/40GB/CD-RW/FD/56K/DVD									
Laptop PC P3 700 MHz/256MB/12GB/FD/CD/56K									
HP 4000 Printer									
Audio Equipment				Qty	Pre-Show Rate	On-Site Rate	Total	Ordering Information	
Wired Microphone (Lavalier - Headset - Handheld) Circle									◆ ON-SITE CONTACT MUST BE PRESENT FOR DELIVERY
Wireless UHF Mic (Lavalier - Headset - Handheld) Circle									◆ Client is responsible for loss, theft or damage of equipment during rental period
100 Watt Sound System									◆ Cancellation of equipment or services must be received at least 72 hours in advance of the floor opening or services will be billed at 100%
200 Watt Sound System									◆ Visual Sound assumes no other liability of any kind resulting from the use of equipment or services provided
CD Player (Single Track)									◆ Full payment is due the day before the above requested setup day
Other				Qty	Pre-Show Rate	On-Site Rate	Total	◆ If you wish to pay by credit card, a credit card authorization form will be sent to you	
									◆ A Visual Sound Rep will contact you within 2 business days upon receipt of your order. If you are not contacted, please call to confirm to we received your order.
									◆ Delivery, Setup, Strike, Pickup labor will be estimated by Visual Sound. Once your equipment order form is returned to Visual Sound, a confirmation will be returned to you with a labor estimate included.
Totals				ALL ORDERS ARE C.O.D.					
EQUIPMENT TOTAL:								1) _____	
DELIVERY/SET-UP/PICKUP: <i>Estimated by Visual Sound</i>								2) _____	
MATERIAL HANDLING:								3) _____	
SUBTOTAL: (Total of Lines 1, 2 and 3)								4) _____	
7% STATE SALES TAX: (Line 4 X 7%)								5) _____	
TOTAL DUE: (Total of Lines 4 and 5)								6) _____	
Payment Information						PLEASE CHECK ONE			
Card Number: _____ Exp Date ____/____/____						MasterCard <input type="checkbox"/>			
						Visa <input type="checkbox"/>			
Credit Card Cardholder's Name (as appears on card): _____						American Express <input type="checkbox"/>			
Credit Card Cardholders Signature: _____						Check (US Only) <input type="checkbox"/>			
						Wire Transfer (US) <input type="checkbox"/>			
								PC # _____ 2/06	